STATE: MINNESOTA

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## STANDARDS AND METHODS OF ASSURING HIGH QUALITY CARE

The Department has developed a health care quality improvement system that is consistent with federal requirements under Title XIX and 42 CFR §434.34. The State's health care quality improvement system includes a mechanism designed to hold managed care organizations accountable for monitoring, evaluating and taking action to improve the health care delivered or arranged for under the managed care organization's contract with the State.

To accomplish its quality measurement and improvement activities, the State works with the Department's Quality Advisory Committee composed of representatives from the health plans, the Minnesota Department of Health, and the county human service agencies. Quality assurance program standards are also included in health plan contracts, and compliance is monitored through the interagency agreement by the Minnesota Department of Health.

In addition, the State monitors the quality of care provided to health plan enrollees through yearly contracts with an external quality review organization that performs an independent review of conditions of interest selected by the Department and the Advisory Committee. This requirement may be satisfied by participation in the consumer satisfaction survey developed by the Minnesota Health Data Institute to measure health plan enrollee satisfaction with their health care. The State requires health plans to administer an annual member satisfaction survey to assess the level of satisfaction with the health care received through their health plan.

